



# Application for Pesticide Private Applicator's Examination

Print or type unless otherwise noted. Retain a copy for your records.

**You *must* present a Photo ID at the time of exam.**

## DEP USE ONLY

T.S. No.: \_\_\_\_\_

Bank: \_\_\_\_\_

Check No.: \_\_\_\_\_

Amount: \_\_\_\_\_

Date: \_\_\_\_\_

## Part I: Applicant Information

1. Name and Address of Applicant (must be over 18 years of age)		
Name:	Date of Birth:	
Mailing Address:		
City/Town:	State:	Zip Code:
Phone:	ext.	Fax:
2. Name and Address of Farm or Business (if applicable)		
Name:		
Mailing Address:		
City/Town:	State:	Zip Code:
Business Phone:	ext.	Fax:
E-mail Address:		

## Part II: Fee Information

A fee of \$100 must be submitted with the application. Please make check or money order payable to the <b>Department of Environmental Protection</b> .
---

## Part III: Private Applicator Examination

1. Check the appropriate box(es) identifying the commodities to be covered by certification (check all that apply):		
<input type="checkbox"/> Vegetable	<input type="checkbox"/> Christmas Tree	<input type="checkbox"/> Livestock
<input type="checkbox"/> Small Fruit	<input type="checkbox"/> Greenhouse	<input type="checkbox"/> Poultry
<input type="checkbox"/> Orchard	<input type="checkbox"/> Nursery	<input type="checkbox"/> Tobacco
<input type="checkbox"/> Turf	<input type="checkbox"/> Dairy	<input type="checkbox"/> Mushroom

#### Part IV: Certification of Accuracy

"I have personally examined and am familiar with the information submitted in this document and all attachments thereto, and I certify that based on reasonable investigation, including my inquiry of those individuals responsible for obtaining the information, the submitted information is true, accurate and complete to the best of my knowledge and belief. I understand that a false statement in the submitted information may be punishable as a criminal offense, in accordance with Section 22a-6 of the General Statutes, pursuant to Section 53a-157b of the General Statutes, and in accordance with any other applicable statute."

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Applicant

Mail completed application and fee to:

CENTRAL PERMIT PROCESSING UNIT  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
79 ELM STREET  
HARTFORD, CT 06106-5127